

DPP-156
(R. 12/05)
922KAR1:470

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

DEPARTMENT FOR COMMUNITY BASED SERVICES
DIVISION OF PROTECTION AND PERMANENCY

CENTRAL REGISTRY CHECK

FOR THE FOLLOWING TYPES OF EMPLOYMENT, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATIONS REQUIRE A CHILD ABUSE/NEGLECT (CAN) CENTRAL REGISTRY CHECK AS A CONDITION OF EMPLOYMENT. PLEASE CHECK THE CATEGORY FOR WHICH THE CAN CENTRAL REGISTRY CHECK IS BEING REQUESTED:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Day Care Employee or Volunteer | (CAN Check pursuant to 922 KAR 2:090) |
| <input type="checkbox"/> Applicant for Day Care Center Licensure | (CAN Check pursuant to 922 KAR 2:090) |
| <input type="checkbox"/> Child-Placing Agency Employee | (CAN Check pursuant to 922 KAR 1:310) |
| <input type="checkbox"/> Child-Caring Facility Employee | (CAN Check pursuant to 922 KAR 1:300) |
| <input type="checkbox"/> IMPACT-PLUS Subcontractor | (CAN Check pursuant to 907 KAR 3:030) |

OTHER (If none of the above categories is applicable, please explain the reason for requesting a CAN central registry check, including the statutory or regulatory authority for the request):

First Steps KRS 620.050(5)(c) .

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CAN CENTRAL REGISTRY CHECK (Please print and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):

NAME: _____
(First) (Middle) (Maiden) (Last)

Sex: ____ Race: ____ Date of Birth: ____ Social Security #: _____

Date of Initial Hire: _____

Present Address: _____

Previous Address: _____

A check or money order made payable to the "Kentucky State Treasurer" in the amount of ten dollars (\$10.00) must accompany your request to process a CAN Central Registry Check. The CAN Check will **NOT** be processed without payment. Mail check or money order to:

The Cabinet for Health and Family Services
Department for Community Based Services
Records Management Section
275 East Main St., Section 3E-G
Frankfort, Kentucky, 40621

I hereby authorize the Cabinet for Health and Family Services to complete a CAN central registry check and provide the results of the check to the employer or agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

Signature of the Individual Submitting to the CAN Central Registry Check

Date

Witness

Date

The individual authorizing a CAN check may submit a CHFS-305, Authorization to Disclose Protected Health Information form, authorizing the Cabinet to disclose additional information regarding a substantiated finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

NAME OF EMPLOYER/AGENCY: CHFS DPH ACH, First Steps Program, ATTN: Jackie Neal.

ADDRESS: 275 E Main St., HS2W-C **CITY:** Frankfort.

STATE: Kentucky **ZIP:** 40621-0001 **PHONE:** 502-564-3756.

RESULTS OF CAN CENTRAL REGISTRY CHECK [FOR OFFICIAL USE ONLY]

- ☐ No substantiated incident of child abuse or neglect found on the registry at the time of this check.
☐ Substantiated child abuse found on the registry Date of substantiated finding: _____
☐ Substantiated child neglect found on the registry Date of substantiated finding: _____

CHECK CONDUCTED ON _____ **BY** _____